

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E. H.		09-04-01
O.I.P.E. CLASSIFIER		54	9/01
FORMALITY REVIEW	L C	1024	10/5/07
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 ○ Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
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11		61		111	
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46		96		146	
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48		98		148	
49		99		149	
50		100		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet her

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